

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022593  
STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 324

1. PLACE OF DEATH a. COUNTY LINN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. COUNTY LINN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MARCELINE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.		Length of stay in lb 6 da.	d. STREET ADDRESS E. WALKER		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANGELO Middle Last STELLA			4. DATE OF DEATH Month Day Year 6/ 15/ 58		
5. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/25/1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min. 1 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (City and state or country) ITALY		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE GENEVA STELLA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 5-21-030		17. INFORMANT Address MRS GENEVA STELLA MARCELINE, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Cerebral Thrombosis, Progressive</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>the progressive Arteriosclerotic Cardiovascular Dis.</i> DUE TO (c) <i>443X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Chr. Biventricular Fibrillation</i>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>1948</i> and last saw her alive on <i>6-15-58</i> Death occurred at <i>4:30</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James M. Laughlin</i> (Degree or title)			22b. ADDRESS <i>Marceline, Mo</i>		22c. DATE SIGNED <i>6-17-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>6/18/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MT. KILLARD</i>		23d. LOCATION (City/Town, or county) (State) <i>MARCELINE, MO.</i>
24. FUNERAL DIRECTOR <i>James M. Laughlin, Marceline, Mo.</i> ADDRESS			25. DATE RECD. BY LOCAL REG. <i>6-17-58</i>	26. REGISTRAR'S SIGNATURE <i>Bronnie Owens</i>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *James B. McClelland*

Licensed Embalmer No. *4230*  
P. O. Address *Brookfield,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.